



Thomas Humphrey <thomasehumphrey@gmail.com>

FILED  
IN CLERK'S OFFICE

## CLAIM FOR COMPENSATORY DAMAGES (SF-95)

2024 FEB -9 PM 12:10

Thomas Humphrey <thomasehumphrey@gmail.com>

Wed, Aug 9, 2023 at 2:16 AM

To: douglas.county.pa@prosecutors.mo.gov, policechief@avamissouri.org, cvc@dps.mo.gov, CVSU@dps.mo.gov

Cc: ANPC Orders <anpcorders@gmail.com>, americannationals@gmail.com, ANPC Int <anpcid18@gmail.com>, ANPC <anpcministries@gmail.com>

Attn. Matthew Weatherman, Prosecuting Attorney

I am seeking compensatory damages for personal injury caused by the tortious conduct of the Douglas County Prosecuting Attorney.

The applicable provisions of the Federal Tort Claims Act [28 U.S.C. §§ 1346(b), 2401(b), 2671, et seq.] provide for the payment of claims which arise from the negligent or wrongful act or omission of an employee of the Federal Government while acting within the scope of his or her employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.

The FTCA affords the Government six months from the date a completed tort claim is received by the responsible federal agency, to administratively adjudicate the claim before a claimant can institute a civil action [28 U.S.C. § 2675(a)].

Respectfully,

Thomas Humphrey  
[thomasehumphrey@gmail.com](mailto:thomasehumphrey@gmail.com)  
617.835.9319

### Private Identification

<https://photos.app.goo.gl/Apd9D8TRf8EyzTa6>

### \*PLEASE SEE EXHIBITS A-E IN GOOGLE FOLDER BELOW\*

[https://drive.google.com/drive/folders/1Djiwb-1CKsrEspeQHqS37A7CXH2Zuw8e?usp=drive\\_link](https://drive.google.com/drive/folders/1Djiwb-1CKsrEspeQHqS37A7CXH2Zuw8e?usp=drive_link)

### 6 attachments



CLAIM FOR DAMAGES (SF-95).pdf  
149K



BASIS OF CLAIM (Signed).pdf  
579K



Douglas County Prosecuting Attorney Incident.pdf  
98K



Citation # 200541718.PDF  
609K



Citation # 200541719.PDF  
581K



ANPC Notices.pdf  
50K

# CLAIM FOR COMPENSATORY DAMAGES (SF-95) Inbox x



**Thomas Humphrey** <thomasehumphrey@gmail.com>

Aug 9, 2023, 2:16 AM ★ ↶ ⋮

to douglas.county.pa, policechief, cvc, CVSU, ANPC, americannationals, ANPC, ANPC

**Attn. Matthew Weatherman, Prosecuting Attorney**

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7 Attachments • Scanned by Gmail ⓘ



PDF CLAIM FOR DAM...



PDF BASIS OF CLAIM (...



PDF Douglas County P...



PDF Citation # 200541...



PDF Citation # 200541...



PDF ANPC Notices.pdf

EXHIBITS A-F

2024 FEB -9 PM 12:10

IN CLERKS OFFICE



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: <b>Douglas County Prosecuting Attorney</b> <b>P.O. Box 245</b> <b>Ava, MO 65608</b> <b>TEL: 417-638-2919</b> <b>FAX: 417-683-0138</b> <b>Email: douglas.county.pa@prosecutors.mo.gov</b>			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. <b>Thomas Edward Humprey</b> <b>12 Summer St Apt #2</b> <b>Boston, MA 02129</b>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <b>07/20/1986</b>	5. MARITAL STATUS <b>S</b>	6. DATE AND DAY OF ACCIDENT <b>08/09/2021</b>	7. TIME (A.M. OR P.M.) <b>2 P.M.</b>	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  <div style="text-align: center; font-size: 1.2em;">Please see Attachments</div>					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <b>N/A</b>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  <b>N/A</b>					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="text-align: center; font-size: 1.2em;">Please see Attachments</div>					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
<b>N/A</b>					
12. (See instructions on reverse). <span style="float: right;">AMOUNT OF CLAIM (in dollars)</span>					
12a. PROPERTY DAMAGE  <b>N/A</b>	12b. PERSONAL INJURY  <b>\$220,000.00</b>	12c. WRONGFUL DEATH  <b>N/A</b>	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  <b>\$220,000.00</b>		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <b>TH UCC 1-308 ARR</b>			13b. PHONE NUMBER OF PERSON SIGNING FORM <b>617-835-9319</b>	14. DATE OF SIGNATURE <b>08/08/2021</b>	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

**Douglas County Prosecuting Attorney Incident**

FILED  
IN CLERK'S OFFICE

2024 FEB -9 PM 12: 11

**Illegal arrest 08/09/2021**

<https://www.facebook.com/100010635219468/videos/871541737090546/>

<https://www.instagram.com/tv/CSaAbSoAZnQ/?igshid=MzRIODBiNWFIZA==>

**Good Faith Public Post/Notice**

[https://www.facebook.com/permalink.php?story\\_fbid=pfbid02mhjiFli8ahxxtr3eyqmtsZdwAQSNrrmmmVkpjthPngUmDrKf3c84KAG4VbYNTpDYl&id=100010635219468](https://www.facebook.com/permalink.php?story_fbid=pfbid02mhjiFli8ahxxtr3eyqmtsZdwAQSNrrmmmVkpjthPngUmDrKf3c84KAG4VbYNTpDYl&id=100010635219468)



ORI. NO. MO00340100  
AVA POLICE DEPARTMENT

No. 200541718

UNIFORM CITATION

STATE OF MISSOURI		DIVISION	
IN THE CIRCUIT COURT OF		DOUGLAS COUNTY	
COURT ADDRESS (STREET, CITY, ZIP) P.O. BOX 249 • 203 E. LINCOLN AVE. • AVA, MO 65608			
COURT DATE 10-06-2021	COURT TIME 1:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COURT PHONE NO. ( 417 ) 683-4713
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:			
ON/ABOUT (DATE)	AT TIME HRS	HWY CLASS	UPON/AT OR NEAR (LOCATION)
WITHIN CITY/COUNTY AND STATE AFORESAID,			
NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS			
CITY		STATE	ZIP CODE
DATE OF BIRTH	RACE	SEX	HEIGHT WEIGHT
DRIVER'S LIC. NO.		CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE
EMPLOYER			
ADDRESS (STREET, CITY, STATE, ZIP)			
DID UNLAWFULLY		<input type="checkbox"/> OPERATE/DRIVE	<input type="checkbox"/> PARK
<input type="checkbox"/> C.M.V.		<input type="checkbox"/> WITH HAZ MAT	
YEAR	MAKE	MODEL	STYLE COLOR
REGISTERED WEIGHT	LIC NUMBER	STATE	YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:			
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING MPH	POSTED SPEED LIMIT MPH	DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER	
IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC		OCN	
OFFICER	BADGE	TRP/ZONE	DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:			<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.
PROSECUTOR'S SIGNATURE			DATE
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS. SIGNATURE X			DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO

MO 100-0051 (2-15) 8751-20

Elkins-Swyers Co., Springfield, Mo. - Form 1298

VIOLATOR'S COPY



ORI. NO. MO00340100  
AVA POLICE DEPARTMENT

UNIFORM CITATION

No. 200541719

STATE OF MISSOURI		DIVISION	
IN THE CIRCUIT COURT OF		DOUGLAS COUNTY	
COURT ADDRESS (STREET, CITY, ZIP)			
P.O. BOX 249 • 203 E. LINCOLN AVE. • AVA, MO 65608			
COURT DATE	COURT TIME	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COURT PHONE NO.
10-06-2021	1:00		( 417 ) 683-4713
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:			
ON/ABOUT (DATE)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)
	HRS		
WITHIN CITY/COUNTY AND STATE AFORESAID,			
NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS			
CITY		STATE	ZIP CODE
DATE OF BIRTH	RACE	SEX	HEIGHT
			WEIGHT
DRIVER'S LIC. NO.		CDL	STATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER			
ADDRESS (STREET, CITY, STATE, ZIP)			
DID UNLAWFULLY		<input type="checkbox"/> OPERATE/DRIVE	<input type="checkbox"/> PARK
		<input type="checkbox"/> C.M.V.	<input type="checkbox"/> WITH HAZ MAT
VEHICLE	YEAR	MAKE	MODEL
	REGISTERED WEIGHT	LIC	NUMBER
		STATE	YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:			
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD	
MPH	MPH	<input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE	
		<input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER	
IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE			
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE			
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC		OCN	
OFFICER	BADGE	TRP/ZONE	DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:		<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.	
PROSECUTOR'S SIGNATURE		DATE	
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.		DR. LIC. POSTED	
SIGNATURE X		<input type="checkbox"/> YES <input type="checkbox"/> NO	

MO 100-0051 (2-15) 8751-20

Elkins-Swyers Co., Springfield, Mo. - Form 1298

VIOLATOR'S COPY

ORI. NO. MO00340100  
AVA POLICE DEPARTMENT

No. 200541718

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COURT ADDRESS (STREET, CITY, ZIP) P.O. BOX 249 • 203 E. LINCOLN AVE. • AVA, MO 65608					
COURT DATE 10-06-2021	COURT TIME 1:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COURT PHONE NO. ( 417 ) 683-4713		
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:					
ON/ABOUT (DATE)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
8-12-21	4:00	HRS	100-0051		
WITHIN CITY/COUNTY AND STATE AFORESAID,					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY		STATE	ZIP CODE		
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	
7-25-79		M	5'04"	175	
DRIVER'S LIC. NO.		CDL	STATE		
K57400215		<input type="checkbox"/> YES <input type="checkbox"/> NO	MO		
EMPLOYER					
ADDRESS (STREET, CITY, STATE, ZIP)					
DID UNLAWFULLY <input type="checkbox"/> OPERATE/DRIVE <input type="checkbox"/> PARK <input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ MAT					
VEHICLE	YEAR	MAKE	MODEL	STYLE	COLOR
REGISTERED WEIGHT	LIC	NUMBER	STATE	YEAR	
569	1	02157	MO	2021	
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:					
Traffic stop - 100-0051					
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)					
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD			
MPH	MPH	<input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER			
IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE					
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD					
SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE					
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD					
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC		OCN			
OFFICER	BADGE	TRP/ZONE	DATE		
1584	414		8-12-21		
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY: <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.					
PROSECUTOR'S SIGNATURE				DATE	
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.				DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE X					

MO 100-0051 (2-15) 8751-20

Elkins-Swyers Co., Springfield, Mo. - Form 1298

VIOLATOR'S COPY

ORI. NO. MO00340100  
AVA POLICE DEPARTMENT

No. 200541719

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ON/ABOUT (DATE)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
8-12-21	4:00	HRS	100-0051		
WITHIN CITY/COUNTY AND STATE AFORESAID,					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY		STATE	ZIP CODE		
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	
7-25-79		M	5'04"	175	
DRIVER'S LIC. NO.		CDL	STATE		
K57400215		<input type="checkbox"/> YES <input type="checkbox"/> NO	MO		
EMPLOYER					
ADDRESS (STREET, CITY, STATE, ZIP)					
DID UNLAWFULLY <input type="checkbox"/> OPERATE/DRIVE <input type="checkbox"/> PARK <input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ MAT					
VEHICLE	YEAR	MAKE	MODEL	STYLE	COLOR
REGISTERED WEIGHT	LIC	NUMBER	STATE	YEAR	
569	1	02157	MO	2021	
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IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE					
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD					
SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE					
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD					
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC		OCN			
OFFICER	BADGE	TRP/ZONE	DATE		
1584	414		8-12-21		
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY: <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.					
PROSECUTOR'S SIGNATURE				DATE	
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.				DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE X					

MO 100-0051 (2-15) 8751-20

Elkins-Swyers Co., Springfield, Mo. - Form 1298

VIOLATOR'S COPY

2024 FEB -9 PM 12:12

FILED  
IN CLERK'S OFFICE

**ANPC Charter, Treaty and INTERNATIONAL NOTICE**

[https://www.americannationals.org/\\_files/ugd/c5ca82\\_aacd68193d7746efa21b68c9d27ba434.pdf?index=rue](https://www.americannationals.org/_files/ugd/c5ca82_aacd68193d7746efa21b68c9d27ba434.pdf?index=rue)

**ANPC PEACE OFFICERS NOTICE**

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**NOTICE of Private Members Assoc. Exceptions**

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**AFFIDAVIT OF NON-RESPONSE**

STATE OF Massachusetts  
COUNTY OF Suffolk

KNOW ALL MEN BY THESE PRESENTS, that on this day, before me, a Notary Public, personally came and appeared Thomas Humphrey, as Affiant, who after being first duly affirmed, stated:

1. My name is Thomas Edward Humphrey. I am over the age of eighteen years. I have personal knowledge of the facts stated below.

2. As of date, 02/09/2024, I have not received any written response to the document(s) I E-mailed on date 08/09/2023 to the person(s) named below. The document(s) were E-mailed and the delivered on:

08/09/2023

3. The person(s) and their respective, addresses are as follows:

Recipient Name Matthew Weatherman, Prosecuting Attorney

Recipient address 203 E Lincoln Ave

Recipient City, State Zip Ave, MO 65608

Electronic submission douglas.county.pa@prosecutors.mo.gov

TA

Signature of Affiant

SUBSCRIBED AND SWORN TO, OR AFFIRMED, before me on this 9<sup>th</sup> day of February, 2024 by Thomas Humphrey

[Signature]  
Notary Public

My Commission expires: 11/22/2024

(SEAL)